

Lagomorph Lounge

Pet Sitting Contract

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Fees: Unless other arrangements are made in advance, the following rates apply: \$50 per week, or \$7 a day, payable in advance. Rates are calculated per number of nights.

Thank you for boarding your pet(s) at the Lagomorph Lounge. Please complete the form below to let us know how we can contact you, and to tell us about your pet's needs and typical behavior.

Your Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Date to be Dropped Off: _____ Time: _____

Date of Expected Return: _____ Time: _____

In case of an emergency, please list the best phone numbers to reach you while you are away:

1. _____
2. _____
3. _____

Please complete the following, to tell us about your pet(s) and his/her normal behavior (please use another sheet of paper for additional pets, if needed):

Pet's Name(s): _____ Male _____ Female _____

Species: _____ Breed(s): _____

Age(s): _____ Spayed/Neutered: ___ Yes ___ No

Pet (name) _____ is: ___ Active all of the time ___ Very quiet

___ Shy ___ Aggressive ___ Friendly ___ Scared

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My pets are caged: ___ Part of the time ___ All of the time ___ Has free run

If caged part of the time, how much time does your pet get out per day? _____

When your pet is out, do they use a litterbox? ___ Yes ___ No

How often do you clean your pet's cage? _____

What kind of litter does your pet(s) prefer: _____

(if other than aspen or Feline Pine, please provide when dropping off)

My pet(s) is used to the following animals: ___ Cats ___ Dogs

My pet(s) eat the following: ___ Hay ___ Pellets ___ Vegetables ___ Fruit
Types of Hay: ___ Timothy ___ Alfalfa ___ Coastal ___ Other (specify): _____
Types of Vegetables/Fruit: _____
I feed my pet(s) vegetables in the: ___ morning ___ evening ___ both ___ neither
Quantity of pellets: _____ in the: ___ morning ___ evening ___ both
Brand of pellets: ___ Bunny Basics/T ___ Cavy Cuisine ___ Other (specify):
_____ (please provide pellets when dropping off if other than above)
My pet(s) is: ___ a picky eater ___ inhales everything ___ eats slowly
My pet(s) drinks every day: ___ a whole bottle ___ half a bottle ___ very little water
My pet(s) uses a water bowl, not a water bottle ___ Yes ___ No

Please list any medications your rabbit may be taking, and the dosage instructions (please provide medications at time of dropoff):

Medication: _____ Dosage: _____
Medication: _____ Dosage: _____
Medication: _____ Dosage: _____

Please list any chronic health conditions, special needs, or physical or behavioral issues to be aware of: _____

I understand that it is against the law to abandon an animal. Should I not return for my pet(s) on the date above, or make other arrangements, I agree that the above named pet(s) will be relinquished to the Town Lake Animal Center thirty (30) days after our last communication.

Signature of pet(s) owner: _____ Date: _____

Please attach the Emergency Veterinary Care Directive form when you bring your pet to board.